RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation 2017

Return to: Secretary of State, 500 E	E. Capitol, Pierre, SD	57501-5077	S.D. SEC. OF ST
1. TITLE OF NEWSPAPER Tripp Star-Ledger		2. DATE	9-29-17
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS Weekly 52	HED ANNUALLY	3B. ANNUAL SUBS PRICE \$ 34.00-4	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF	F PUBLICATION (Stre	eet, City, County, State	and ZIP+4 Code)
(Not printers) 308 S. Main, Tripp, Hutchinson Co	ounty, SD 57376-	0454	
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTE	ERS OR GENERAL BU	JSINESS OFFICES O	F THE
PUBLISHER (Not printers) P.O. Box D, Tripp, SD 5	7376-0454		
6. FULL NAME OF PUBLISHER: Scott E. Ehler			
7. OWNER (If owned by a corporation, its name and address mus addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. If and address, as well as that of each individual must be given. FULL NAME	of total amount of stoc fowned by a partnershi	k. If not owned by a co	orporation, the ted firm, its name
Parkston Advance, Inc.	P.O. Box J, Parkston, SD 57366-1210		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, M state. If more space is needed, list on back of this form.		HER SECURITIES (If	there are none, so
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDI MONTHS	ACTU.	AL NO. COPIES ISSUED TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	278	9	245
 B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales. 	40		25
2. Mail Subscription	229		209
(Paid and or requested)			
3. Paid Electronic Copies			
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	269		234
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	4		4
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES			
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	273		238
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	5		7
2. Return from News Agents			
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	278		245
Statement must be signed by Publisher, Business Mana	ger, or Owner in th	e presence of a Not	ary Public
I swear that the statements made by me are true, o	correct, and comp	lete: Publisher	
Mil			
(Signature)	(Title)		
HILLIAN ST. S.	Sworn to before me this of gay of Sept , 20/7		
State of South Dakota)	(but in wenter		
County of Hurchanson)	Notary Public		
COUNTY OF	My commission exp	pires: Del .	6 2020
S (C - N = 3	wiy commission exp	1100.	1

Form: SOS REC 051 9/2016